

Form

**990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2009**Open to Public  
Inspection**A** For the 2009 calendar year, or tax year beginning , and ending**B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pendingPlease  
use IRS  
label or  
print or  
type. See  
Specific  
Instruc-  
tions.**C** Name of organization**American Assoc of State Troopers**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**1949 Raymond Diehl Road**

Room/suite

City or town, state or country, and ZIP + 4

**Tallahassee****FL 32308****F** Name and address of principal officer**D** Employer identification number**59-2952895****E** Telephone number**850-386-8772****G** Gross receipts \$ **5,035,587****H(a)** Is this a group return for

affiliates?

☐ Yes☒ No**H(b)** Are all affiliates

included?

☐ Yes☐ No

If "No," attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c) ( **5** ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **www.statetroopers.org****H(c)** Group exemption number ▶**K** Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1989****M** State of legal domicile **FL****Part I Summary****1** Briefly describe the organization's mission or most significant activities**The Association's purposes is to provided benefits for all state troopers, highway patrol officers, and state police officers, as well as their families.****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)**34****4** Number of independent voting members of the governing body (Part VI, line 1b)**34****5** Total number of employees (Part V, line 2a)**5****6** Total number of volunteers (estimate if necessary)**6****7a** Total gross unrelated business revenue from Part VIII, column (C), line 12**7a****b** Net unrelated business taxable income from Form 990-T, line 34**7b****0****8** Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

**5,142,704****4,841,607****9** Program service revenue (Part VIII, line 2g)**118,975****129,804****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**67,266****20,113****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 18)**23,964****44,063****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**5,352,909****5,035,587****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**474,260****425,188****14** Benefits paid to or for members (Part IX, column (A), line 4)**190,885****143,762****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**4,176,483****3,913,983****16a** Professional fundraising fees (Part IX, column (A), line 11e)**360,353****458,915****b** Total fundraising expenses (Part IX, column (D), line 25) ▶**5,201,981****4,941,848****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**150,928****93,739****18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**2,518,618****2,785,792****19** Revenue less expenses Subtract line 18 from line 12**355,911****455,229****20** Total assets (Part X, line 16)**2,162,707****2,330,563****21** Total liabilities (Part X, line 26)**2,518,618****2,785,792****22** Net assets or fund balances Subtract line 21 from line 20**355,911****455,229****2,162,707****2,330,563****Part II Signature Block**Sign  
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

**Ken Howes Executive Director**Date **5/12/10**

Type or print name and title

Paid  
Preparer's  
Use OnlyPreparer's  
signatureFirm's name (or yours  
if self-employed),  
address, and ZIP + 4**Sanders, Holloway & Ryan  
2878 Mahan Drive  
Tallahassee, FL 32308**

Date

**5/12/10**Check if  
self-  
employed ☐Preparer's identifying number  
(see instructions)  
**P00233600**EIN ▶ **59-1974251**Phone  
no ▶ **850-222-1608**

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ NoFor Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  
DAAForm **990** (2009)SCANNED JUL 26 2010  
Revenue Activities & GovernanceRECEIVED  
JUN 01 2010  
OGDEN, UT

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission:

**The Association's purposes is to provided benefits for all state troopers, highway patrol officers, and state police officers, as well as their families.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**Provide Educational Materials to Assist State Troopers in Enhancing Public Safety.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**Provide Life Insurance Benefits to All Members**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**Provide Member Retirement Benefits.**

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ►

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		<b>X</b>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?		<b>X</b>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
<b>11</b> Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<b>X</b>	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<b>X</b>	
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	<b>X</b>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	<b>1a</b>	<b>34</b>
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	<b>X</b>
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>5</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	<b>34</b>	
<b>b</b> Enter the number of voting members that are independent	<b>34</b>	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		<b>X</b>
<b>6</b> Does the organization have members or stockholders?	<b>X</b>	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<b>X</b>	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?		<b>X</b>
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11a</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<b>X</b>
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		<b>X</b>
<b>13</b> Does the organization have a written whistleblower policy?		<b>X</b>
<b>14</b> Does the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>b</b> Other officers or key employees of the organization		<b>X</b>
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **AL, FL, GA, OR, WV, TN, TX, VA, WA, MD, MS, NV, NY**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **Ken Howes**  
**1949 Raymond Diehl Road**  
**Tallahassee FL 32308 850-386-8772**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Robert F. Yoakum TN State Dir	2.00	X						0	0	0
Kenneth Musick TX State Dir	2.00	X						0	0	0
James E Clare VA State Dir	2.00	X						0	0	0
Brian George WA State Dir	2.00	X						0	0	0
R.D. Estepp WV State Dir	2.00	X						0	0	0
Chuck Cave MD State Dir	2.00	X						0	0	0
Bobb G. Reed MS State Dir	2.00	X						0	0	0
Michael Doney NY State Dir	2.00	X						0	0	0
Gerry Gregg OR State Dir	2.00	X						0	0	0
Frank Thomas PA State Dir	2.00	X						0	0	0
Bryan McDougald SC State Dir	2.00	X						0	0	0
Clarence M. Blue III AL State Dir	2.00	X						0	0	0
John Bagnardi FL State Dir	2.00	X						0	0	0
Lee Burch GA State Dir	2.00	X						0	0	0
Rick Wright ID State Dir	2.00	X						0	0	0
Mark Probst IA State Dir	2.00	X						0	0	0
Steven Jensen KS State Dir	2.00	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
R. Adams White LA State Dir	2.00	X						0	0	0
Gordon Koolman CA State Dir	2.00	X						0	0	0
Carolyn Logan NC State Dir	2.00	X						0	0	0
Sean Connelly CT State Dir	2.00	X						0	0	0
Tim Baughman NM State Dir	2.00	X						0	0	0
Noel Houze Jr. IN State Dir	2.00	X						0	0	0
Carla Nichols WY State Dir	2.00	X						0	0	0
Christian Ricks MO State Dir	2.00	X						0	0	0
Tim Hazlette TN State Dir	2.00	X						0	0	0
Francis J. McVeigh Jr. MA State Dir	2.00	X						0	0	0
Michael C. Macarilla VT State Dir	2.00	X						0	0	0
Ken Howes Ex. Dir.	40.00			X				70,696	0	0
Tommy Moore President	5.00			X				0	0	0
<b>1b Total</b>								<b>70,696</b>		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>4,841,607</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h</b> <b>Total.</b> Add lines 1a-1f		<b>4,841,607</b>			
<b>Program Service Revenue</b>		<b>Busn. Code</b>				
	<b>2a</b> <b>Member Dues</b>		<b>129,804</b>	<b>129,804</b>		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total.</b> Add lines 2a-2f		<b>129,804</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>20,113</b>			<b>20,113</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties		<b>794</b>			<b>794</b>
		(i) Real	(ii) Personal			
	<b>6a</b> Gross Rents	<b>18,375</b>				
	<b>b</b> Less rental exps					
	<b>c</b> Rental inc or (loss)	<b>18,375</b>				
	<b>d</b> Net rental income or (loss)		<b>18,375</b>			<b>18,375</b>
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>b</b> Less cost or other basis & sales exps					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less. cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b> <b>Education - NLETC</b>		<b>19,894</b>	<b>19,894</b>			
<b>b</b> <b>Trooper of the Year</b>		<b>5,000</b>	<b>5,000</b>			
<b>c</b>						
<b>d</b> All other revenue						
<b>e</b> <b>Total.</b> Add lines 11a-11d		<b>24,894</b>				
<b>12</b> <b>Total Revenue.</b> See instructions.		<b>5,035,587</b>	<b>154,698</b>	<b>0</b>	<b>39,282</b>	

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**  
**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members	<b>425,188</b>			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>70,696</b>			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>60,044</b>			
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	<b>2,763</b>			
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	<b>10,259</b>			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	<b>59,959</b>			
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	<b>3,913,983</b>			
<b>f</b> Investment management fees				
<b>g</b> Other	<b>64,742</b>			
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	<b>51,924</b>			
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>8,441</b>			
<b>17</b> Travel	<b>2,432</b>			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>51,064</b>			
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>18,099</b>			
<b>23</b> Insurance	<b>11,730</b>			
<b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b> Education Materials	<b>65,477</b>			
<b>b</b> Public Relations	<b>64,002</b>			
<b>c</b> Scholarship Donation	<b>28,723</b>			
<b>d</b> State Lodge Support	<b>9,802</b>			
<b>e</b> Taxes	<b>8,149</b>			
<b>f</b> All other expenses	<b>14,371</b>			
<b>25</b> Total functional expenses. Add lines 1 through 24f	<b>4,941,848</b>			
<b>26</b> Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	564,046	1	322,137
	2 Savings and temporary cash investments	1,626,554	2	1,922,006
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	7,606
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,463	9	5,308
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 516,507		
	b Less: accumulated depreciation	10b 211,219	322,555	10c 305,288
	11 Investments—publicly traded securities		11	223,447
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		2,518,618	16	2,785,792
<b>Liabilities</b>	17 Accounts payable and accrued expenses	9,274	17	102,305
	18 Grants payable		18	
	19 Deferred revenue	79,999	19	113,786
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	266,638	25	239,138
	26 <b>Total liabilities.</b> Add lines 17 through 25	355,911	26	455,229
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,162,707	27	2,330,563
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>	2,162,707	33	2,330,563	
34 <b>Total liabilities and net assets/fund balances</b>	2,518,618	34	2,785,792	

Form **990** (2009)

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

**b** Were the organization's financial statements audited by an independent accountant?

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		
<b>3b</b>		

Form **990** (2009)

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009****Open to Public  
Inspection**

Name of the organization

**American Association of State Troop  
Troopers, Inc.**

Employer identification number

**59-2952895****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if  
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_ \_ \_ \_ \_

4 Number of states where property subject to conservation easement is located ▶ \_ \_ \_ \_ \_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_ \_ \_ \_ \_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_ \_ \_ \_ \_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _ _ _ _ _
(ii) Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _ _ _ _ _
b Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		80,000		80,000
b Buildings		365,572	149,888	215,684
c Leasehold improvements				
d Equipment		13,816	9,032	4,784
e Other		57,119	52,299	4,820
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				305,288







## Part XIV Supplemental Information (continued)

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**SCHEDULE G  
(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding  
Fundraising or Gaming Activities**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the  
organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**Open To Public  
InspectionName of the organization **American Association of State Troop  
Troopers, Inc.**Employer identification number  
**59-2952895****Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☒ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees  
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?☒ Yes ☐ No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is  
to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Xentel</b>	<b>Telemrktnng</b>		<b>X</b>	<b>4,836,178</b>	<b>3,913,983</b>	<b>922,195</b>
<b>Total</b>				<b>4,836,178</b>	<b>3,913,983</b>	<b>922,195</b>

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from  
registration or licensing**Alabama, California, Florida, Georgia, Idaho, Louisiana, Mississippi, Nevada,  
Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Virginia,  
Washington, West Virginia**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Combine line 3, column (d), and line 10				

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in

- a** The organization's facility
- b** An outside facility

		Yes	No
<b>13a</b>	%		
<b>13b</b>	%		

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

- c** If "Yes," enter name and address of the third party:

Name ►

Address ►

**16** Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer
     
 ☐ Employee
     
 ☐ Independent contractor
**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**17a**



**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

**American Association of State Troop  
Troopers, Inc.**

Employer identification number

**59-2952895****Form 990, Part III, Line 4d - All Other Achievements****Provide Financial Assistance to Members Experiencing  
Hardships.****Form 990, Part VI, Line 6 - Classes of Members or Stockholders****AAST has 5,986 members as of 12/31/2009.****Form 990, Part VI, Line 7a - Election of Members and Their Rights****The AAST members are represented by a State Director who is a member of the  
National Board of Directors. A State Director can be elected to the  
Executive Board by a vote of the National Board of Directors. Individual  
members do not elect board members. State Directors are appointed by the  
President.****Form 990, Part VI, Line 8b - Documentation by Committee Explanation****Sub committees must report back to the Executive Board or the National  
Board before any action is taken.****Form 990, Part VI, Line 11A - Organization's Process to Review Form 990****Upon completion of the form 990, the Executive Director and the Treasurer  
review before filing with the IRS.****Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed****North Dakota, Oklahoma, Pennsylvania, South Carolina, Arizona, Louisiana,  
Michigan, California, Idaho, Iowa**

Name of the organization

**American Association of State Troop**

Employer identification number

**59-2952895****Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

Governing documents are made available to the public upon request.

**Book Asset Detail 1/01/09 - 12/31/09**

FYE 12/31/2009

Asset	d t	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
<b>Group: Building and Improvements</b>												
297		Building	6/23/93	302,132.77	0.00	0.00	120,401.15	7,746.99	128,148.14	173,984.63	S/L	39.0
298		Roof Replacement	12/21/00	9,220.00	0.00	0.00	2,353.80	292.70	2,646.50	6,573.50	S/L	31.5
300		Remodeling	6/01/02	13,962.98	0.00	0.00	2,342.11	358.03	2,700.14	11,262.84	S/L	39.0
306		Install Lighting Fixtures	1/27/04	1,333.00	0.00	0.00	936.28	190.43	1,126.71	206.29	S/L	7.0
307		2 Ton Air Conditioner	4/20/04	1,480.00	0.00	0.00	177.10	37.95	215.05	1,264.95	S/L	39.0
308		Columns	6/07/04	2,375.00	0.00	0.00	279.12	60.90	340.02	2,034.98	S/L	39.0
314		Heat pump (downstairs)	10/28/05	3,746.00	0.00	0.00	1,694.61	535.14	2,229.75	1,516.25	S/L	7.0
315		Carpet	10/14/05	4,210.94	0.00	0.00	1,955.07	601.56	2,556.63	1,654.31	S/L	7.0
316		Windows (24)	5/17/06	14,400.46	0.00	0.00	3,720.13	1,440.05	5,160.18	9,240.28	S/L	10.0
317		Carpeting	6/02/06	725.72	0.00	0.00	267.82	103.67	371.49	354.23	S/L	7.0
318		Hear pump (upstairs)	8/17/06	2,328.00	0.00	0.00	776.00	332.57	1,108.57	1,219.43	S/L	7.0
319		Blinds (15)	11/17/06	1,340.04	0.00	0.00	279.17	134.00	413.17	926.87	S/L	10.0
323		AC system	7/24/07	8,317.00	0.00	0.00	1,683.20	1,188.14	2,871.34	5,445.66	S/L	7.0
<b>Building and Improvements</b>				<b>365,571.91</b>	<b>0.00c</b>	<b>0.00</b>	<b>136,865.56</b>	<b>13,022.13</b>	<b>149,887.69</b>	<b>215,684.22</b>		
<b>Group: Computer Equipment</b>												
260		Epson Scanner	11/15/00	318.95	0.00	0.00	318.95	0.00	318.95	0.00	S/L	5.0
263		Laptop Computer	2/26/01	2,266.28	0.00	0.00	2,266.28	0.00	2,266.28	0.00	S/L	5.0
276		Laptop Computer/Monitor	10/13/03	4,384.29	0.00	0.00	4,384.29	0.00	4,384.29	0.00	S/L	5.0
305		2 Computers	9/01/04	4,590.25	0.00	0.00	3,978.22	612.03	4,590.25	0.00	S/L	5.0
312		Computer	12/14/05	1,884.46	0.00	0.00	1,162.08	376.89	1,538.97	345.49	S/L	5.0
313		Computer	12/14/05	2,967.37	0.00	0.00	1,829.87	593.47	2,423.34	544.03	S/L	5.0
321		Dell server	3/08/06	4,033.16	0.00	0.00	2,285.45	806.63	3,092.08	941.08	S/L	5.0
322		Dell laptop	8/24/06	2,062.20	0.00	0.00	962.36	412.44	1,374.80	687.40	S/L	5.0
324		HP Server Back Up System	2/01/08	1,166.09	0.00	0.00	213.78	233.22	447.00	719.09	S/L	5.0
325		Computer	12/04/09	832.07	0.00c	0.00	0.00	13.87	13.87	818.20	S/L	5.0
<b>Computer Equipment</b>				<b>24,505.12</b>	<b>0.00c</b>	<b>0.00</b>	<b>17,401.28</b>	<b>3,048.55</b>	<b>20,449.83</b>	<b>4,055.29</b>		
<b>Group: Land</b>												
301		Land	6/23/93	80,000.00	0.00	0.00	0.00	0.00	0.00	80,000.00	Land	0.0
<b>Land</b>				<b>80,000.00</b>	<b>0.00c</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>80,000.00</b>		
<b>Group: Office Equipment</b>												
142		2 File Cabinets	8/18/93	200.00	0.00	0.00	200.00	0.00	200.00	0.00	S/L	7.0
144		TV/VCR Combo	12/31/93	433.34	0.00	0.00	433.34	0.00	433.34	0.00	S/L	5.0
145		Refrigerator GE	5/13/94	175.00	0.00	0.00	175.00	0.00	175.00	0.00	S/L	5.0
161		Lateral File Cabinet	2/03/00	641.99	0.00	0.00	641.99	0.00	641.99	0.00	200DB	7.0
165		Custom Flags/Banner	4/08/02	262.00	0.00	0.00	253.82	8.18	262.00	0.00	200DB	7.0
166		12 White Linen Tablecloths	4/17/02	524.20	0.00	0.00	507.83	16.37	524.20	0.00	200DB	7.0
171		Color Laser Printer	6/10/03	1,399.99	0.00	0.00	1,310.91	64.79	1,375.70	24.29	200DB	7.0
172		Digital Camera	11/06/03	321.43	0.00	0.00	298.04	12.47	310.51	10.92	200DB	7.0
304		XGA Projector	6/30/04	1,949.99	0.00	0.00	1,253.57	278.57	1,532.14	417.85	S/L	7.0
320		Telephone system	10/18/06	7,908.50	0.00	0.00	2,447.88	1,129.79	3,577.67	4,330.83	S/L	7.0



## Book Asset Detail 1/01/09 - 12/31/09

FYE: 12/31/2009

Asset	d 1	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
<b>Group: Office Equipment (continued)</b>												
		Office Equipment		13,816 44	0 00c	0 00	7,522 38	1,510 17	9,032 55	4,783 89		
<b>Group: Office Furniture</b>												
26		4 Drawer Lateral File - TN	9/04/91	299 00	0 00	0 00	299 00	0 00	299 00	0 00	S/L	10 0
34		File Cabinets	10/08/91	610 00	0 00	0 00	610 00	0 00	610 00	0 00	S/L	10 0
51		(2) Putty File Cabinets	6/18/92	960 86	0 00	0 00	960 86	0 00	960 86	0 00	S/L	10 0
57		File Cab4 Dr	2/01/93	144 16	0 00	0 00	144 16	0 00	144 16	0 00	S/L	7 0
63		36" Bookcase	8/01/93	152 64	0 00	0 00	152 64	0 00	152 64	0 00	S/L	7 0
69		4 DR File Cabinet	10/18/93	101 64	0 00	0 00	101 64	0 00	101 64	0 00	S/L	7 0
71		Dresser BRD Room	11/05/93	253 34	0 00	0 00	253 34	0 00	253 34	0 00	S/L	7 0
93		Lateral File Cabinet	11/02/94	544 63	0 00	0 00	544 63	0 00	544 63	0 00	S/L	7 0
96		4 DR Filing Cabinet	1/01/95	127 19	0 00	0 00	127 19	0 00	127 19	0 00	S/L	7 0
97		Storage Cabinet	2/24/95	213 99	0 00	0 00	213 99	0 00	213 99	0 00	S/L	7 0
106		Cabinets in Copy Rm	3/26/96	2,974 60	0 00	0 00	2,974 60	0 00	2,974 60	0 00	S/L	7 0
113		2 Lateral File Cabinet	12/03/96	1,159 09	0 00	0 00	1,159 09	0 00	1,159 09	0 00	S/L	7 0
116		Lateral File Cabinet-Membership	1/27/97	192 59	0 00	0 00	192 59	0 00	192 59	0 00	S/L	7 0
128		Fire Safe	8/23/02	1,116 45	0 00	0 00	1,081 58	34 87	1,116 45	0 00	200DB	7 0
130		Office Furniture	3/01/03	331 71	0 00	0 00	305 60	23 21	328 81	2 90	200DB	7 0
133		3 Conference Table Chairs	10/13/03	322 47	0 00	0 00	299 01	12 51	311 52	10 95	200DB	7 0
134		Conference Table Chair	11/06/03	108 49	0 00	0 00	100 60	4 21	104 81	3 68	200DB	7 0
137		Executive Director Desk Unit	11/06/03	1,021 01	0 00	0 00	946 73	39 62	986 35	34 66	200DB	7 0
138		Executive Director Office	12/01/03	714 81	0 00	0 00	662 81	27 73	690 54	24 27	200DB	7 0
139		Executive Director Office	12/03/03	212 57	0 00	0 00	197 11	8 25	205 36	7 21	200DB	7 0
140		Office Furniture	12/03/03	1,393 43	0 00	0 00	1,292 04	54 07	1,346 11	47 32	200DB	7 0
141		Conference Table	12/22/03	425 85	0 00	0 00	394 87	16 52	411 39	14 46	200DB	7 0
311		Reception furniture	2/01/05	2,081 20	0 00	0 00	1,164 47	297 31	1,461 78	619 42	S/L	7 0
		Office Furniture		15,461 72	0 00c	0 00	14,178 55	518 30	14,696 85	764 87		
<b>Group: Software</b>												
296		Website Development	3/01/03	1,750 00	0 00	0 00	1,750 00	0 00	1,750 00	0 00	S/L	3 0
309		Peachtree Software	7/01/04	414 85	0 00	0 00	414 85	0 00	414 85	0 00	S/L	3 0
310		Website Development	7/01/04	14,987 46	0 00	0 00	14,987 46	0 00	14,987 46	0 00	S/L	3 0
		Software		17,152 31	0 00c	0 00	17,152 31	0 00	17,152 31	0 00		
		Grand Total		516,507 50	0 00c	0 00	193,120 08	18,099 15	211,219 23	305,288 27		